

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	10					
5	8					
6	10					
7	10					
8	6					
9	6		1			
10	8					
11	8		1			
12	1		1			
13		1		1		
14	2			1		
15	1		1			
16	1					
17	1			1		
18	2			1		
19	10					
20	8					
21	8					
22	10					
23	8					
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43	8					
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45	8					
46	8					
47	8					
48	8					
49	8					
50	8					
TOTAL IND.			5			
TOTAL DEP.			37			
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						